



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Physicians Surgical Center

Respondent Name

New Hampshire Insurance Co

MFDR Tracking Number

M4-16-3690-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 15, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The attached claim was processed and paid incorrectly. We are disputing the underpayment of implants used in the procedure."

Amount in Dispute: \$18,474.93

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider's request was not datestamped as received by DWC MRD until 8/15/16. Consequently, it is not timely as to the DOS at issue Per Rule 133.307(c)(1)(A). The provider has waived its right for MFDR."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 10, 2015	Ambulatory Surgical Services	\$18,474.93	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 1 – Separate reimbursement request for implants
 - 2 – This item was previously submitted and reviewed with a notification of decision issued to payor
 - 3 – Formatted EOR message unavailable. Event Message – No reduction available
 - 4 – The charge for this procedure exceeds the fee schedule allowance
 - 1 – This service was not pre-authorized in conformance with TWCC Rule 134.600

- W3 – Request for reconsideration
- BL – This bill is a reconsideration of a previously reviewed bill. Allowance amount do not reflect previous payments
- ZE10
- 18 – Duplicate claim/service
- P300
- Z710

Issues

1. Was the request for medical fee dispute resolution timely?

Findings

1. The requester seeks additional reimbursement for Ambulatory Surgical Services rendered on August 10, 2015 in the amount of \$18,474.93.

The applicable rule relative to timely submission is found at 28 Texas Administrative Code 133.307 (c)(1) states in pertinent part,

Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The date of the services in dispute is August 10, 2015. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on August 15, 2016. This date is later than one year after the date(s) of service in dispute.

Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	October 12, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.